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PRACTICAL STATISTICS OF PUBLIC HEALTH NURSING AND COMMUNITY SICKNESS EXPERIENCE¹

By FREDERICK L. HOFFMAN

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Madam Chairman, Ladies and Gentlemen: I think you will agree with me, after two or three days experience here, that to ask anyone to come to St. Louis at this time of year, and anyone particularly who has lived here, must require courage! At the same time, St. Louis is a central point and it is probably easier to get a meeting here than in any other city. One of our disadvantages in America, if it can be called a disadvantage, is that we are too big for these purposes. To bring people from the south or far west to the Atlantic is not an easy thing, and I am more and more amazed at the success of these gatherings in bringing representatives from different parts of the country together. I have been astonished at your attendance, at your earnestness, at your endurance, at crowded meetings such as this morning or yesterday or this afternoon and I want to congratulate you most heartily on your devotion and to express at the same time my very high personal regard for the work in which you are engaged.

I do not know whether I am going too far, but I do not believe I am, when I say that next to that natural function of women, next to maternity, there is no function in which she has rendered greater service, in which she is going to render greater service, in which she has shown higher devotion and skill, than that of nursing. Through all ages, a thousand years or more, this has been one of her real functions, and at all times, within the limits of her knowledge and understanding, has she administered for the good of mankind, and at no time has she been paid for that function what the service was worth.

We are at the present time confronted once more by a national emergency by the call to duty which first goes to men to render service to their nation on the battle field; almost in the same breath with that call, almost with the same pen that writes the war message, comes the call for the woman to go to the front, and only this afternoon I read in the paper that the first volunteer nurse was the woman who had rendered private service in Secretary Daniel's home. You can go to the history of every war that mankind has had and you will find that there never was

¹ Read at a joint meeting of the National Organization for Public Health Nursing and the American Nurses' Association, St. Louis, Missouri, April 25, 1914.

a war where women, on the one hand as nurses, or on the other as mothers, did not render the greater service, did not make the greatest possible sacrifices. But never was there a time when women rendered such efficient service, such intelligent service, when they coördinated themselves so properly, so usefully, to the situation as they are doing now. And that is all expressed in that additional attribute to your title, the word "trained", for nothing means more to the patient than the training, the thoroughly understood duty and coördinated function as against the very best intentions. You know some one has said, if only the people who don't mean to do harm would not do it. If the same God-given spirit of self-sacrifice could be trained, and it can, the community would be served and the countless sacrifices in motherhood be avoided. And if ever a human being has a right to be protected it is when a woman gives herself to the service of the world that there may be a generation to carry on the work of the world, and here it is the trained nurse who renders service of the right kind in place of the ignorant mid-wife.

I am requested to speak briefly on the objects and purposes of the American Society for the Control of Cancer. I have been asked to bring to your attention the work of that Society. We believe that the trained nursing associations and the training schools for nurses can be of inestimable service in spreading the useful knowledge about this malignant disease which causes some forty thousand deaths of women every year, a large number of these deaths needless, large numbers of them in connection with the discharge of the maternal function. We want all the help we can get. We want to spread the gospel of prevention and the gospel of control; we want to bring, through you, into the homes of all the people you reach, the earliest possible suggestions and the best possible advice, the knowledge that cancer in its origin is always a local disease, that if it is taken hold of in the beginning there is a chance that by proper surgical operation the seat of the disease can be removed, and we hope before you adjourn you will give our Society your official, unqualified and hearty endorsement.

Another point I would like to speak of also, and that is the need of lay support for this movement in which you are engaged. A good many people may ask what public health nursing really means. I have never seen a better definition than that which is in your official circular in regard to your objects. I do not know of any organization in this country which has so thoroughly summed up its relations to the community, its consecration to community service, which has so clearly emphasized its public value, as this association of yours. And I think the best proof that that is so, is to be found in the increasing support which you have from large corporations which realize the need of an infirmary

service or a visiting nurse service in a narrower or a broader sense, as they may see fit at the time.

As you all know, one insurance company has gone into the visiting nurse service as an aid to its policy holders. That is a very important and very useful experiment. It is sincerely to be hoped that that experiment will prove a great success and that it may be found possible in time to extend it to all policy holders of that very great, very large company. But that is a question which men have to decide for themselves who discharge executive functions, and when you are under contractual obligations to your insured you must needs hesitate when there are reasons in your judgement why you should not take a step forward, which in common justice to the million insured, you cannot rightfully take back. When you have once committed yourself you can only go forward, as a great national institution. It is like our war in Mexico, there is no going back now, and I hope we will make a finished job so that it will never have to be done over again, any more than the issue of slavery has had to be gone over again. There are those who sit on the highways and byways and weep crocodile tears about the loss of American lives. They will say the loss of a few American lives is not worth a whole Mexican State or the whole wealth of Mexico. But the first tribute to American honor is that we are only debating whether we have a moral right to go in or not. If we once are committed to going down there, if we are going to intervene in the affairs of a notoriously misgoverned nation, if we are going to bring order out of chaos, put an end to rapine and plunder, we are going to perform a service to civilization for which no loss of treasure or life is unjustifiable.

And so it is to a great extent with the work you are doing for corporation or insurance companies. You cannot account for that on a money basis, or in the sense of a bookkeeper's ledger. You have rendered a service that money cannot pay and never will, but if you are in business you have to count the cost.

I respectfully submit, however, with a reasonable knowledge of the facts, that the small cost of an official visiting nursing service has paid for itself over and over again, if only in the consciousness, in the satisfaction to the large corporations that they were rendering the right kind of community service, and such as an advanced civilization demanded of them.

The day has gone by forever when business meant merely making money. The day has gone by forever when corporations were only engaged in business to make money. Just as with yourselves, so with the corporations, they are today largely engaged in the business of rendering community service, and they are held accountable in law and in fact

for the way in which they discharge that service. Railway, street car, telephone, gas companies are no longer merely business institutions in the old fashioned sense, but public service institutions, and the first consideration is the public good. And the part of that public good is the health and well-being of the men who do the work. Today the very first consideration in all American industries, is the health, the strength, the safety of the men who do the work, and no greater charge or reproach can be brought against a business association than that it is an industry injurious to health or that an excessive death rate from preventable causes exists. The day has gone by forever when the manager can say that his business is only his business and that no state or pestiferous uplifter or agitator has the right to trouble him with questions; and to-day there is no difficulty in the case of most large corporations in getting all the information necessary with regard to social or economic conditions under which the men work, nor, I think, with regard to the health and mortality, or the disease and accident liability of that group of employes which can somehow be coördinated to the industry itself.

Just as corporations today, in contrast to the past, are required to render reports ever more elaborate, ever more complex, just as corporations are supervised by the state and federal government in a multitude of ways in order that the community may know what they do and what service they render, and what the cost of that service is, so in your own case, though you may not realize it now, you will more and more realize as time goes on, that, even though it may only be to your board of directors, you are in duty bound to render a thorough account of what you have done. That is burdensome, no doubt; perhaps it will be burdensome to a good many people on the Judgement Day to render account of their own lives, but it will be required, and today it is absolutely necessary that you render an intelligent, faithful, comprehensive account of what you have done, and that in rendering that account you should realize the absolute importance of uniformity of standards, so that one account may be intelligently compared with another. It would be just as useful to get the height of one person in meters or centimeters and another in inches, and then expect a person who could not convert the one into the other to arrive at an intelligent understanding of the comparison, as it would be to render the large majority of the reports of visiting nurse associations and try to use them for general purposes. There is no standardization, no fundamental principle, apparently no clear outline of the facts as they should be presented, first for the information of the board of directors, and then for the information of the community at large. It is, therefore, very hard to arrive at any understanding of the aggregate functions performed by

your associations. In fact, at present, it is utterly impossible. One association will report for a fiscal year, ending 1913, and another will report for a fiscal year ending August 19, 1914, just because they happened to have started on August 19. They never thought it worth while to wind up at the end of the year, as we do in all other things, and start a business year on a calendar basis comparable with other businesses. I would leave that thought with you, that you make your reports for the calendar year and not for your business year. It requires a little heroic operation for one time, then it is done forever.

It would carry me too far to go into all the details of your problems but I attended the meeting this afternoon with much interest, and I speak from large experience when I say I have never before known so dry and apparently uninteresting a subject to be so much enlivened by active participation and faithful continuance in attention on the part of those who were there. It shows that you are feeling that this question of records is a fundamental thing.

Your records are the soul of your work, the essence of your work, and if they are not kept well and constantly the best work you may do will never be surely understood by your board of directors or the community at large, and if you think about it you will find that it is not half so difficult as it seems. If you will only continue to reason about it, and one by one to eliminate the points of friction or points of variance of different interests, it will not be so difficult.

Now, frankly, there is entirely too much long-hand reporting, too many trifling observations. As someone has said the greatest science of all is the science of relative values. Most people have no conception of relative values, so in your reports you will find that weary nurses are spending weary hours after weary days in putting down a whole lot of useless information. We do not want information. What we want is facts, what we want is the truth, what we want is what Carl Pearson called conceptual shorthand to express in the fewest possible words the experience of a whole day. No one expects you to spend an hour, after fourteen hours' work, telling how you spent the fourteen hours, better for you to go to sleep and rest for the next day's work. What we want is what the law requires practically of every physician, he is required to keep an account of his cases and must show what he has done, for your function is a public function, and it implies the imperative duty of accountability.

When you think it over you will find that is not so difficult as it seems, and that by increased training and increased attention you will realize the possibility of saying a great deal in a very few words.

Now, in statistical tables, statistical analyses, all that elaborate

reporting can never be used. You can only use a very few definite answers to definite questions, and you cannot correlate or coördinate any large number of questions to each other. That is a mathematical and physical impossibility. In mathematics there is a principle expressed in permutation columns that if you set fifteen people round the table you could set them in so many different ways that they would run into a million or more, and if you had fifteen questions to coördinate intelligently to every other question with due consideration of all possibilities you would find yourself facing a mathematical impossibility. Therefore, the questions you ask or reply to should be as few as possible and as definite and accurate and truthful as possible. There is lot of information in the world that it would be far better to get rid of before we try to find out anything new, and these records you have are overburdened with perfectly useless information, however useful it may have seemed when it was put down; so many teaspoonfuls of milk, so many doses, so many baths given, such and such temperature at such and such a moment, how many windows were open, how many closed, what was the proximity of other houses, did he smoke? did he drink? how many children did he have? what was his income? All that will never help you in the long run very much. There are fundamental questions you have to answer, but we don't want to keep on piling up useless information when all you have to do is to ask the simple question: what did we do with all the stuff we got together last year? There were forty thousand cards, what has been done with them? If you have a genius who will let them slip through a machine, after they have been punched, that's all very well, but as a rule they simply fill up space. The people have passed away, it is purely an incidental affair, and in the long run the few simplest things are all that remain.

Now, these blanks were discussed this afternoon and were found, on the whole, admirable. They eliminate most of that useless information. Of course, they cannot exactly take the place of a case record, but even the case records which I saw this afternoon I would suggest be reduced as much as possible to reasonable proportions as a simple portrayal of the case itself. No doctor, looking at a lot of routine observations, busy as most doctors are, can assimilate a lot of knowledge and mere personal opinion, but he can quickly assimilate the vital facts of the case if properly set forth.

I should judge it would not be necessary to give the date of birth, for except with infants under one, the date is unimportant, hard to get, and often a matter of guess work. The age is fully sufficient and often you have difficulty in getting that accurately.

I would say, leave out the word "nationality" or "nativity," and

say, instead, "country of birth." We do like to know where people come from, particularly in the case of Hungarians or Russians. This afternoon I saw "nativity" given as "Polish." There is no Polish nation and no Polish nativity; he was a Russian Pole or an Austrian Pole, and for practical purposes it was sufficient to say that the country of birth was Russia or Austria, and later, as you require, that he was a Jew.

I would like to say a word about occupations. It is true that, very often, the case when you get it represents a temporary occupation of a person of declining physical efficiency, having left a permanent trade, say that of a glass worker or potter, to become a book agent or a letter carrier. You want to be sure to get the trade in which he is really engaged, the occupation which he usually follows, and you will find that is sufficient. There is probably a margin of five or ten per cent where that may lead to some doubt, but we are interested in approximate truth. We shall not get exact truth anyhow. These people who want to know it all and want to be sure they have got it down to the last minute, want the thermometer graded to a hundred points between the different degrees, but the patient dies in the meantime.

When you are comparing visiting nurse associations in one town and another, you want to keep in mind that each association has grown by virtue of peculiar conditions which are probably never the same in any two localities. Each association, as a rule, has a different class of people to deal with, and no such experiences can be exactly compared unless they are thoroughly analyzed on the basis of a standardized method, so that you are sure that you are approximately comparing like with like. Take New Orleans and Chicago, it would be utterly impossible for these two cities to have anything like the same population requiring a public nursing service. The one would have a very much larger colored population on the one hand, and a large Creole population of French-Spanish origin on the other, different economic conditions, a considerable amount of malaria, a low infant mortality, relatively; most of the people live in single houses over a large area of territory, the nurse has to walk far more, per case, than she would have to in Chicago or New York, where a single tenement would have more people in it than a whole ward in the city of New Orleans. To compare the two without a knowledge of local conditions would be unutterably misleading. I find if you take the association in Baltimore, they make about six calls to a patient; in Boston, ten; while in Chicago they had only three; in Philadelphia, eleven. They are simply dealing with totally different conditions in each case. This does not at all say that Philadelphia, with eleven, is rendering twice the service per patient that Baltimore is, but that, for

local reasons, the associations differ in their methods. The Baltimore association, as a matter of fact, is reaching over three times the number of people that Philadelphia is, and there I come to the second point in my suggestion: namely, that you always keep in mind the relativity of your service, that is, the proportionate amount of service to population, and ascertain and show in your report what the rate of patients or call is to the population of the town in which you work. In Baltimore, for instance, the number of patients cared for by the local association, per thousand, was fifteen; in Philadelphia, a little over four. In dealing with these things we are obviously dealing with very different conditions. In Chicago it was twenty-two, in other words, in proportion to population the Chicago association did over five times the work that the Philadelphia association did.

See what that means to a board of directors. Go to them and say you are only beginning to reach the people of your community, that in proportion to the people that ought to be reached, in your particular city, you are only doing a third, or a fourth or a fifth of what some other association is doing in an equally large and representative city. That is the first clinching argument you can make in your appeal for support and coöperation and public sympathy.

Now, let us take the next point, as to the class of people you deal with. You will find some associations that have a much larger proportion of children than others. That may be because they are specially seeking after the children, or because the local infantile death rate or morbidity rate or contagious diseases are greater than in other localities. That must be considered in your report, and you ought to show the population of children, as well as adults, that you deal with. That is the simplest thing, if you keep your records on cards. It does not take a seven-dollar-a-week girl to work that out, and you have a contribution to truth that is of real value. Are you looking out for children, or pregnant women, or disabled wage earners or old or decrepit people? What is the real nature of the service you are rendering? In exact proportion as you can tell your board of directors what you are doing, will you be able to raise the support you are in need of. In proportion as you outline merely descriptive, picturesque, pretty cases, they are in every report, with a lot of nice photographs of Johnny supporting his mother at nine years old by selling papers, you fail to reach the man who is going to put in a thousand dollars and is trained by his business methods to require facts before he puts money into anything. Say that you looked out for ten thousand mothers whose children were born in your care, and who are living today because of your care, and that will go much further than going and talking about a single case and appealing to some morbid sentimentality.

Let me tell you how some of these results differ. In Chicago, the association dealt with 43 per cent of its patients as children. The Henry Street Settlement dealt with 49 per cent, in other words they had far more children to deal with and there are other associations where not one-third of the patients were children. So, again, in the matter of maternity cases, in a Chicago experience 8 per cent of the new patients were maternity cases; in the Boston association, 37 per cent of the old and new patients were maternity cases. In other words, in Boston they were concentrated on one class, and in Chicago on another class. Proportionate to population, some one element must have been neglected, and not have had adequate service, in either of these two communities.

I am speaking chiefly of these, because I did not have reports of other cities, mostly, and a good many reports that I did get I could not use at all. In that respect the visiting nurse associations are not much worse off than the hospitals, for, to be entirely frank, there is nothing much more discreditable, much more deplorable, than the fact that the vast majority, in fact practically all of the hospitals in this country, publish reports from year to year which serve no public purpose whatever. They are spending thousands and tens of thousands of dollars in the compilation of a whole lot of useless information, spending money that would go better to buy milk for patients, to make record of the facts that someone brought a bunch of flowers, or someone else presented a paper of pins. Page after page of these hospital reports, that should be giving actual experience interpreted for the good of the community, are given over to a lot of irrelevant information and a lot of silly appeal to the vanity of people who average about twenty-five cents a year in support.

Every hospital, as well as the visiting nurse association, must consider itself accountable to the community in a standardized intelligent form, as to what it is doing. There is one notable exception to what I have said and that is Johns Hopkins at Baltimore. No institution in the world at this time publishes a more intelligent and thoroughly analyzed report of experience, not even Guy's or Middlesex. That report can be coördinated to the community. Let me show you what that means. The population of Baltimore, broadly speaking, consists of four parts, first—men and women, then—white and colored. These four elements affect the experience of that institution on a profoundly different basis in proportion to their numbers. If you formed them in four columns, the white men contribute eighty patients per annum per ten thousand of population; the white females contribute seventy; the colored males contribute one hundred; the colored females contribute one hundred thirty-five. In other words, in proportion to the representative number, the colored women of Baltimore require twice the use of Johns Hopkins

Hospital that the white women do. There you have a fact of profound economic importance when you consider that most of these women have never paid a cent of taxes of any kind whatever. Why did they go there? The record shows that. For instance, the colored women had an admission rate, on account of tumors, of seventeen per ten thousand, against seven of white women. Investigations of recent years prove that cancer of the uterus is much more common among colored women than among white women, a condition unknown in slavery, a condition which is the result of the last forty or fifty years of fundamental change in the physiological life of the negro race in this country. So then, you can utilize these data in support of arguments derived from general mortality data which prove the same fact that the death rate from cancer of the uterus is higher among colored women of the south than among white women, to illustrate a thousand other points from the records of that institution which I could not illustrate from the records of any other hospital in this country. There is no reason whatever why the Massachusetts General Hospital, for instance, with its many years of experience should go on every year printing a report that cannot be used for scientific purposes. There is no reason for that except that public consciousness has not awakened to the point of demanding from these institutions an intelligent account of their activities, the sort of account that your own associations will before long be required to render. In proportion as you render that account does the public estimation increase; in proportion as you plead your cause on fact, and not on sentiment, will you be able to get the money and help you are in need of.

I marvel sometimes how you raise money at all on the basis of some of the reports. You see it is as simple as daylight. You could not find an ordinary merchant selling a couple of thousand dollars worth of goods a year who is not expected by law to keep a decent set of books; yet you find a nursing association or a philanthropist spending a lot of money and rendering no account. That won't go on forever, any more than it did in the insurance companies.

I could go on and emphasize further these points of elemental, statistical consideration, but I think I shall succeed just as well by leaving the thought with you that all you have to do is to concern yourselves with the fundamentals. You must show the sex; you must show the age by divisional periods of life; you must show the race, if you have any large variation of races, if you have only a handful of one race it is immaterial; as regards occupations, go into that only so far as it bears on the community in which you work, that is, the specialized industry. Nobody cares, because endless investigation has been made, about tailors and blacksmiths and carpenters and undertakers, but if you have

a factory of some specialized industry it is of great importance to have that element aggregated, show what numbers you deal with and what age percentage, what number of calls you made and what was the cost of the case and the average duration, and most of all what was the result?

I notice one point on the card where you require information as to death and date of death. You should add the cause of death, for often the person does not die of the disease for which he is treated. You might have malaria and die of enlargement of the spleen; or you might have cancer, and be operated on, and die because of a surgeon's incapacity, which would be a new item.

I have tried for a long time to find out about what amount of sickness there is in this country. We have no sickness data which can be used. Perhaps in time, if you keep on compiling your record in the manner suggested, and I hope later on to get the Henry Street Settlement records, which they have kept something like those of the Johns Hopkins Hospital, something may be done. I had the privilege of making a thorough study of the Henry Street experiences and the facts revealed are extremely interesting. If we had such experience for a number of associations, say fifty from all over the country, and pooled them together, so that there were two or three or four hundred thousand cases available, and we knew the sex, and race and distribution and what the people suffered from and the rate of recovery, rate of mortality, rate of cures, we would have some basis upon which to estimate approximately the amount of sickness in the country. We have virtually nothing at the present time. We can only fall back on Europe, the German Compulsory Sickness System, or the Manchester system, but we have to ask, is our morbidity as high as theirs, where the economic conditions are different? However, that is the only method we can use so far. Suppose we applied the Australian experience for the last five years, which we have in great detail. We have approximately, in this country, among nearly fourteen million wage earners, one million cases of sickness every year. That is, at this particular date, one million American wage earners are sick to the extent of being incapacitated for work, assuming that the Australian basis applies. Suppose you put it at only half, you still have half a million workmen out of work, unable to support their families, and if for every day, you make the cost for each of these only two dollars, representing their wages, to say nothing of doctor's and nurses' bills, you see what the economic importance of the sickness problem is, and yet a question of such transcendent importance, that strikes into every workmen's home, has never been made a matter of government concern or of any painstaking study whatever. There is not a line in print that gives an intelligent insight into this question, that shows an intelli-

gent reflection of what the actual amount of community sickness in this country is at the present time, and yet if we knew this, you can easily see how strongly we could argue for ten-fold the nursing service that we have, how we could go into the highways and byways and prove that sickness is a serious matter, not a matter of sentiment merely, that if a woman is going to have a baby, her place is in a hospital, and not in a little back room with a lot of weeping relatives, that her right is to go where she can attend to her business. Until we can get to that and prove, as we can prove, that the mortality rate in pregnancy is less in institutional practice than in private practice, for anybody knows what a God-send it is to have a mother in a hospital where she is a matter of record and the responsibility can be placed where it belongs, instead of in the home where nobody can be blamed, we shall make very little advance. There is no getting away from that. All that the Children's Bureau in Washington is doing at the present time marks but the beginning of a movement for the protection of women in pregnancy by an official nursing service. Not so much of pamphlets and leaflets, not so many rules and regulations posted on the walls, none of these so much as the woman who knows the supreme importance of actual cleanliness and sterilization, who knows that the neglect of even an apparently trifling detail may mean all the different between life and death for the mother.

I have a lot of data here. Some have reference to the Henry Street Settlement in detail. There is one statement which shows the burden which the colored population does inflict by way of visiting nursing service as well as hospital service, in contradiction to the statement that the negroes are not in the poorhouse and that they make no demands on charity. In proportion to the estimated population in New York, the number of cases was two per thousand, for white males; four and a half, for white females; five and a half, for colored males; and nineteen for colored females. So while the actual number of colored women was small in proportion to the population, it was nearly nine times that of the white males, and nearly four times that of the white females. The average number of visits for white males was nine; white females, nine; colored males, ten; colored females, eleven. In other words, once more it is there shown, as in Johns Hopkins, that the negro, whenever he does receive treatment in public institutions, receives rather better treatment than the white, instead of, as is often alleged, receiving inferior treatment because of his color.

Suppose you had a class of people who were largely over forty, and another association had a class of patients largely under forty, you would have totally different statements made. The average number of calls per patient would be different, the average duration of a case would be

different, the mortality rate would be different, the results would be different; all of which shows the importance of age division—fifteen to forty-five and forty-five and over, say, or broadly, dealing with young, middle-aged, and old. Then, you can show when you compare experiences what you have actually done. If you compared the experience of an association dealing with children and maternity cases, and another looking out for old people with long duration of sickness, you might find that more money was spent in one case than in the other, but that where the least money was spent the better service might have been rendered. One of the startling results of investigation has been to show the small number of wage earners you reach. You are dealing mostly with women and children, the men go into hospitals. May it not be that they ought to have more nursing service than at present? In Henry Street Settlement we found the mortality rate higher among men than women, which seemed to indicate that they had perhaps kept at work when they should have been in bed, that they should have had nursing service when they were without it, and I am satisfied that if you could divide the patients into two groups of those properly nursed and those who were not, you would have an astonishing difference in the death rate of the two.

We are slowly making progress. All over the country large corporations are realizing the necessity of a nursing service. Our own company has several safety nurses for our girls and our men and we find it a most profitable and satisfactory investment. We have our infirmary with a trained nurse and attendant, and the good they do is incalculable. They are cutting down the cases of sickness, the little infections and the little wounds are taken at the very beginning. There is not one corporation that has installed a nursing service that has ever gotten rid of it. The Bethlehem Steel Company and the Johnstown Steel Company have beneficial associations that have been going a number of years.

These are mere beginnings in the direction of really efficient nursing service, which they need more than the money. It would be better to run in debt to the extent of five or seven dollars a week and have had an efficient, qualified nurse, for if you count up the cost and find that a case of tuberculosis costs a great deal more than a case of rheumatism, that the deaths from tuberculosis or typhoid of efficient workmen means a loss to the corporation that could have been prevented by intelligent nursing, I do not think you can question what the economic value of such a service amounts to.